APPLICATION FOR CASE REFERRAL - COMPLEX LITIGATION DOCKET (CLD)

JD-CV-39 Rev. 3-06
Pr. Bk. Sec. 23-15, C.G.S. §§ 51-347b, 52-259

**STATE OF CONNECTICUT
SUPERIOR COURT - CIVIL DIVISION**
www.jud.ct.gov

INSTRUCTIONS

1. Counsel seeking to have a case referred to the Complex Litigation Docket (CLD) must supply all of the information requested below.
2. Failure to supply complete and accurate information may disqualify a case.
*3. **NOTICE: This application must be accompanied by the appropriate fee** (C.G.S. § 52-259).*
4. Information that does not fit on this form should be attached on a separate sheet, numbered to correspond to the inquiries on the form.
5. Forward the original with the appropriate fee to:
   Clerk, Fairfield Judicial District, CLD, Attn: Chief Administrative Judge, 1061 Main Street, Bridgeport, CT 06604.

I hereby submit this application for the Court's consideration.

NAME AND ADDRESS OF APPLICANT	TELEPHONE NO.

1. CASE CAPTION	2. DOCKET NO.

3. JUDICIAL DISTRICT IN WHICH CASE IS PENDING	4. RETURN DATE OF ORIGINAL COMPLAINT

5. List all plaintiffs and counsel for each:

PLAINTIFF'S NAME	COUNSEL'S NAME AND ADDRESS	COUNSEL'S PHONE #

6. List all defendants and counsel for each:

DEFENDANT'S NAME	COUNSEL'S NAME AND ADDRESS	COUNSEL'S PHONE #

7. Briefly describe the nature of the case: *(products liability, anti-trust, stockholders' action, UCC, etc.)*

8. List any cases with which this case is or may be consolidated:
(If you are counsel in any of these cases, complete an application and submit the appropriate fee for each case.)

CASE CAPTION	DOCKET NUMBER	JUDICIAL DISTRICT

9. Indicate the status of the litigation:

	YES	NO	NOT YET DETERMINED
a. pleadings closed?	☐	☐	☐
b. discovery completed?	☐	☐	☐
c. class action status sought?	☐	☐	☐
d. scheduled for trial? If so, when? _____ *(Date)*	☐	☐	☐
e. pretrial held?	☐	☐	☐
f. trial management conference held?	☐	☐	☐
g. claimed for jury trial?	☐	☐	☐
h. claimed for bench trial?	☐	☐	☐
i. does opposing counsel oppose transfer?	☐	☐	☐
j. ADR methods have been attempted?	☐	☐	☐
k. file sealed (partial/entire)?	☐	☐	

10. What is the estimated length of trial (in days)? _____

(CONTINUED...)

11. Why should this case be referred to the CLD ?

12. Which CLD location is requested? *(Enter order of preference.)*

____	Hartford
____	Middletown
____	New Britain
____	New Haven
____	Stamford
____	Tolland
____	Waterbury

CERTIFICATION			
I hereby certify that a copy was mailed/delivered to all counsel and pro se parties of record on:	DATE	SIGNED *(individual attorney or pro se party)* **X**	PHONE NO. *(area code first)*
NAME OF EACH PARTY SERVED *		ADDRESS AT WHICH SERVICE WAS MADE*	

* If necessary, attach additional sheet with names of each party served and the address at which service was made.

ORDER (For Court Use Only)

The above application having been considered, I hereby order:

☐ that the above case is designated as a complex litigation case and is ordered transferred to the Complex Litigation Docket in the Judicial District and court location shown below pursuant to subsection (a) of C.G.S. § 51-347b, having determined that such transfer is required for the efficient operation of the courts and to insure the prompt and proper administration of justice.

> TRANSFERRED TO *(Name of Judicial District and address of court)*

☐ that the application is denied.

SIGNED *(Chief Court Administrator/Chief Administrative Judge)*	DATE

OBJECTION (For Court Use Only)

☐ Objection to Transfer to the CLD filed _____ *(Date)*   ☐ OVERRULED   ☐ SUSTAINED

CASE ASSIGNMENT (For Court Use Only)		
NAME OF CLD JUDGE	CLD JUDGE PREFIX	DATE JDNO SENT
CLD LOCATION *(No. street, and town)*		